Ü.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 36-257, as amencied. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E MS DRV		
1. File Number U - 12632	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name James Crowley	Name Iron Workers Local #1	
	Labor Organization File Number 027-977	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 7720 W. Industrial Dr.	Street 7720 W. Industrial Dr.	
City Forest Park	City Forest Park	
State Illinois ZIP Code ÷ 4 60130	State Illinois ZIP Code + 4 60130	
5. Position in labor organization.  Business Agent		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
SHEEL	ge makemakangan pamorononongan moronongan komun komun v. 100 m. v. 100 m. v. 100 dan v.	
City	b van de wijeen werengen opleke een versijkele dat de diksenbesche v. dat 1000-1000 t	
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Im ( lasselas	On 8/10/2005 708/366-6695	
	Date Telephone Number	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Iron Workers Local #1 Welfare Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 7700 W. Industrial Dr  City Forest Park  State Illinois ZIP Code + 4 60130	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  Related Trust Fund  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Reimbursement from Trust Fund for DOL & ERISA required educational conferences for food, travel and lodging in the exercise of my fiduciary duty; lost wages and attendance at trustee meetings.	
	12.b. Amount. \$2,769'	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.  14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount or payment.	

U.S. Départment of Labor Office of Labor-Management Standards Washington, DC 20210

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For Official Use Only OUL EST Rec'd PEAD THE MOTPHOTIONS CAREFUL	•	
Ali622/2005 READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
E COMB DECEMBER		
1. File Number U -	2. Fiscal Year Covered From:	
12632	1 / 1 / 2004 Through: 12 / [31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name James Crowley	Name Iron Workers Local #1	
·	Labor Organization File Number 027-977	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 7720 W. Industrial Dr.	Street 7720 W. Industrial Dr.	
City Forest Park	City Forest Park	
State Illinois ZIP Code + 4 60130	State Illinois ZIP Code + 4 60130	
5. Position in labor organization.	TITLE TO SERVICE OF THE PROPERTY OF THE PROPER	
Business Agent		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	use or minor child directly or Indirectly had any of the following interests usions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:	1	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ying documents), has been examined by the signatory and is, to the best of the	
Signed Comment of the Man	On 8/10/2005 708/366-6695	
Signed Him I Carl Car	On  8/10/2005    708/366-6695	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name The Segal Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 101 N. Wacker Dr., Suite 500  City Chicago  State Illinois ZIP Code + 4 60606	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers Local #1 Welfare Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Accutarial Consultants	
Street 7700 W. Industrial Dr	11.b. Approximate dollar value of such dealing. \$82,065.	
City Forest Park	12.a. Nature of interest held or income received.	
State Illinois ZIP Code + 4 60130	Business Luncheon	
	12.b. Amount. \$69	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	